

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 05/09/2010

**Address:** 19000 N. 700W

**Case #:** 25F-17027

GASTON, IN

**County:** DELAWARE

47342

**Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☐ Residence  
☒ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other: \_\_\_\_\_

**Items Found: Location** (bedroom, kitchen, open air, etc)  
(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): OUTBUILDING  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: OUTBUILDING  
☒ Water Reactive Metal (Lithium): OUTBUILDING  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): OUTBUILDING  
☒ Corrosive Acid: OUTBUILDING  
☒ Corrosive Base: OUTBUILDING  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☒ Ephedrine/Pseudoephedrine Tracking Log  
☒ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: GASTON FD

Fax: 765-358-3067

Health Department: DELAWARE COUNTY

Fax: 765-747-7747

Child Protection Service: N/A

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Doug Jackson

Phone 765-369-2561

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.